

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT/IS

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	0	↓	↓	↓	↓	↓
TOTAL	1	↓	↓	↓	↓	↓

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TOTAL IND.		↓	↓	↓
TOTAL DEP.		↓	↓	↓
TOTAL	1	↓	↓	↓